

**Fall Quarter 2004**  
**CERTIFIED PUBLIC MANAGER PROGRAM REGISTRATION FORM**

Name \_\_\_\_\_ Employee I.D. # or Social Security Number \_\_\_\_\_

State/Federal/County/City Agency \_\_\_\_\_ Department \_\_\_\_\_ Division \_\_\_\_\_

Work Address [PO Box] \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

THE FOLLOWING INFORMATION IS **MANDATORY** FOR IAT PAYMENT:

Fund #	Agency #	Org #	Approp. Code	Object Code #	Activity	Reporting Category

**Fees for courses in SLC & Provo are \$650.** Please circle the class in which you wish to enroll. Factors such as class size may affect class availability.

MON	TUE	WED	THU
COURSE 1- SLC	COURSE 1- SLC	COURSE 1- SLC	COURSE 3- SLC
COURSE 3- PROVO	COURSE 2- SLC	COURSE 3- SLC	COURSE 2- SLC

\* All sessions are 12 weeks, 1 day each week, from 8:00 - 3:45.

**Cancellations/No-shows:** Cancellations made 3 or more business days prior to the first class will be refunded 100%. Cancellations made less than 3 business days before the first day of class will be refunded 50%. Withdrawals made prior to the second class will be refunded 50%. Withdrawals made after the start of the second class will not be refunded. Agencies may substitute individuals from their agency in place of canceling students without additional fee.

Please inform us. How did you discover the CPM program (mark one or more):

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> supervisor   | <input type="checkbox"/> DHRM website                   | <input type="checkbox"/> State/agency newsletter |
| <input type="checkbox"/> e-mail       | <input type="checkbox"/> Colleague/friend/relative      | <input type="checkbox"/> newspaper               |
| <input type="checkbox"/> flyer/poster | <input type="checkbox"/> Current/former CPM participant | <input type="checkbox"/> Other _____             |

**Reasonable Accommodation:**

The sending agency is responsible for determining eligibility under the Americans with Disabilities Act (ADA) and for providing the needed reasonable accommodation and accompanying expense. The agency ADA coordinator shall coordinate the provision of accommodation with the DHRM CPM Program Coordinator at least fifteen (15) days before the start of the CPM Course.

**Authorization Agreement:**

In accordance with FLSA Rules and Regulations, study time, preparation time, test time and class participation is done during regular 8 hour work days. It is understood that this is a large commitment of time and effort. We are mutually committed to successfully completing the course work. Furthermore, it is anticipated that the skills acquired through participation in this course will be implemented and supported when the participant returns to the work environment.

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Supervisor's Name (Please print)**

\_\_\_\_\_  
**Budget or Accounting Contact & Phone Number (please print)**

Please return registration form to:

DHRM, attention: CPM  
2120 State Office Bldg  
Salt Lake City, UT 84114  
Fax: 538-3081 Phone: 538-3025